

Provider Instructions For Administering The HIV Incidence Questionnaire

The HIV Incidence Surveillance project is collecting HIV testing information from people who test HIV positive in King County. This data is needed to estimate HIV incidence and is part of case reporting.

At the next in-person appointment please ask your client to complete the HIV Testing Questionnaire. An antiretroviral pill chart is available for reference for question 10 from MPAETC (<http://www.mpaetc.org/downloads/medchart%202006.pdf>), but any of the versions available from drug companies may be used as well.

The questionnaire is designed to be self-administered but it may also be read to him or her. After the questionnaire is complete, please:

1. Complete the information below
2. Return this coversheet & the completed questionnaire in the enclosed SASE to:

Libby Charhon Page
Public Health –Seattle & King County
400 Yesler Way, 3rd floor
Seattle WA 98104

-
1. Name of your clinic: _____
 2. Patient initials (or medical record number or other mutually-agreed upon identifier) _____
 3. Patient date of birth: ____/____/____
 4. Date 1st positive HIV test ____/____/____
 5. Your initials _____
 6. Today's date: ____/____/____

If you have any questions regarding this questionnaire or this program, please call project staff at (206) 205-1470 or visit our website at www.metrokc.gov/health/apu/epi/his/index.htm.